

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
69 / 720609
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2		(1)					52						
3		(1)					53						
4		(1)					54						
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47							97						
48							98						
49							99						
50							100						
TC IN.	AL						TOTAL IND.						
TO DE	AL						TOTAL DEP.						
TO CL	AL						TOTAL CLAIMS						